

July 2nd 2005

HON. M. JANE BRADY
DELAWARE ATTORNEY GENERAL
620. N. FRENCH ST. 12th FLOOR
WILMINGTON DELAWARE 19801

RE: ATTACHED AND REQUEST FOR INTERNAL INVESTIGATION (CRIMINAL)

DEAR ATTNY GEN BRADY,

THE DEPUTY WARDEN* HAS MEMO'S
GRIEVANCES ETC. RELATIVE TO THE ATTACHED INCIDENT OF
CRIMINAL CONDUCT AGAINST MY PERSON AND ON-going C.R.I.P.A.
VIOLATIONS AT S.H.U. - M.H.U. AT D.C.C. SMYRNA.

I AM REQUESTING THAT SOMEONE FROM DEL.
STATE POLICE CONTACT ME HENCE-FORTH AND THAT AN
INDEPENDENT INVESTIGATION is** CONDUCTED.

I HOPE TO HEAR FROM YOU WITHIN 30 DAYS
HENCEFORTH.

xc: FILE

ATTACHMENTS (4)

* D.E. PIERCE JR.

** 10 DEL.C. § 4001 TO 4010

SINCERELY YOURS

x Shane Hopkins

SHANE HOPKINS

253918 S.H.U #17

1141 Paddock Rd.

Smyrna Delaware

19977-9679

Exhibit "E"

* REGISTERED RETURN RECEIPT REQUESTED *

Date: July 5th 2005Pay-To: DELAWARE CORRECTIONAL CENTERAmount: \$ 10.31The Sum of: tenand Cents 31

Address to whom sent:

M. JANE BRADYDELAWARE ATTORNEY GENERAL820 N. FRENCH ST. 12th FLOORWILMINGTON DELAWARE 19801SBI# 253916Shane HopkinsLog # Check # Date of Ck

Form #34 (rev 5/03)

REGISTERED
MAIL
PLEASE

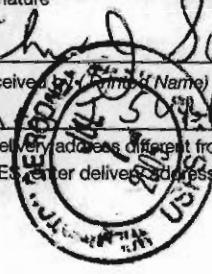
* REGISTERED RETURN RECEIPT REQUESTED *

Date: July 5th 2005Pay-To: DELAWARE CORRECTIONAL CENTERAmount: \$ 10.31The Sum of: tenand Cents 31

Address to whom sent:

DREWRY NASH FENNELL ESQ.A.C.L.U OF DELAWARE100 W. TENTH STSUITE 309WILMINGTON DE. 19801SBI# 253916Shane HopkinsLog # Check # Date of Ck REGISTERED
MAIL
PLEASE

REC-8-305

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Chad Sank</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Chad Sankel</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p></p>	
<p>1. Article Addressed to:</p> <p><i>JANE BRADY 820 N. French St. Wilmington, De 19877</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>RR 486 946 219 US</i></p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540